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FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) **3,660.00**

Complete if Known

Application Number **09/750,533**
 Filing Date **December 28, 2000**
 First Named Inventor **Robert ADAMS**
 Examiner Name **Blair, Douglas B.**
 Art Unit **2142**
 Attorney Docket No. **42390P9895**

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **02-2666** Deposit Account Name: **Blakely, Sokoloff, Taylor & Zafman LLP**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☒ Credit any overpayments
- ☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
- ☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

	Total Claims	Base Claim	Fee from below	Fee Paid
	30	30	0	\$0.00
Independent Claims	2	2	0	\$0.00
Multiple Dependent				

Large Entity	Small Entity	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 380	2203 180	Multiple Dependent claim, if not paid
1204 790	2204 395	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)

(S) **0.00**

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1460 130	2460 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(a)
1808 180	1808 180	Submission of Information Disclosure Stmt
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

Petition for Revival of Unintentional Abandonment

SUBTOTAL (2)

Fee Paid

2,160.00

1,500.00

(S) **3,660.00**

SUBMITTED BY

Name (Print/Type) **Aslam A. Jaffery** Registration No. (Attorney/Agent) **51,841** Telephone **(503) 439-8778**

Signature **[Signature]** Date **08/30/07**

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/28/2007.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22315-1450

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				09750533								
1 Date of Request: <u>10/9/07</u>		2 Serial/Patent # <u>8/30/07 opps!</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/>	Filing			\$								
<input type="checkbox"/>	Amendment			\$								
<input checked="" type="checkbox"/>	Extension of Time	—	<u>8/30/07</u>	\$ <u>2160.00</u>								
<input type="checkbox"/>	Notice of Appeal/Appeal			\$								
<input type="checkbox"/>	Petition			\$								
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input type="checkbox"/>	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ <u>2160.00</u>								
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10 REASON:		<input checked="" type="checkbox"/>	Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>2</td><td>--</td><td>2</td><td>6</td><td>6</td><td>6</td> </tr> </table>				0	2	--	2	6	6	6
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<input type="checkbox"/>	No Fee Due (Explanation):											
EDT not necessary-												
11 REFUND REQUESTED BY:												
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